FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351261	
<015>	Study Area Name	NORTHWEST TEL COOP	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Sheila Akridge	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7127762222 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	sakridge@ncn.net	
	Form Type	54.313 and 54.422	

<220>

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	351261
<015>	Study Area Name	NORTHWEST TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

<210> For the prior calendar year, were there any reportable voice service outages?

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ
							(100) 110)	un that apply)	(162 / 140)	Resolution	Procedures
						TT			-		
						-					
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									_		

The second second	fulfilled Service Request lection Form		FCC Form 481 OMB Control N July 2013	lo. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	351261		
<015>	Study Area Name	NORTHWEST TEL COOP		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge		
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net		
<300> (Unfulfilled service request (voice)	0		
<310>	Detail on attempts (voice)			
	Nam	e of Attached Document		
<320>	Unfulfilled service request (broadband)	0		
<330>	Detail on attempts (broadband)			
	1	Name of Attached Document		

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 351261
<015>	Study Area Name NORTHREST TEL COOP
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data Sheila Akridge
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **contact Email Address - Email Address of person identified in data line **akridge@ncn.net** **
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice 0.0
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband 0.0
<450>	Complaints per 1000 customers for mobile broadband

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351261	
<015>	Study Area Name	NORTHWEST TEL COOP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge	
<035>	Contact Telephone Number - Number of person Identified In data line <030>	7127762222 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net	
<500>	Certify compliance with applicable service quality standards and consumer pro	etection rules Yes	
		351261iaservicequality510.pdf	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	les Compliance	
<515> (Certify compliance with applicable minimum service standards		

Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351261	July 2013
<015>	Study Area Name	NORTHWEST TEL COOP	
<020>	Program Year	201.8	

<010>	Study Area Code	351261
<015>	Study Area Name	NORTHWEST TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	351261iafunctionemergency610.pdf

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	ice Offerings including Voice Rate Data llection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351261	
<015>	Study Area Name	NORTHWEST TEL COOP	
<020>	Program Year	2018 .	
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge	
<035>	Contact Telephone Number - Number of person identified in data	line <030> 7127762222 ext.	
<039>	Contact Email Address - Email Address of person identified in data	line <030> sakridge@ncm.net	
	Residential Local Service Charge Effective Date 1/1/2017 Single State-wide Residential Local Service Charge		

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
								-
			-					
							- una	
				See at	tached worksheet			

<711>

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 35	51261
<015>	Study Area Name	NORTHWEST TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
			See attac worksheet -	hed				
			worksneet -					

(800) Op	erating Companies			FCC Form 481
Data Col	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		351261	
<015>	Study Area Name		NORTHWEST TEL COOP	
<020>	Program Year		2018	
<030>	Contact Name - Person	USAC should contact regarding this data	Sheila Akridge	
<035>	Contact Telephone Nur	nber - Number of person identified in data line <030>	7127762222 ext.	
<039>	Contact Email Address	- Email Address of person identified in data line <030>	sakridge@ncn.net	
<810>	Reporting Carrier	Northwest Telephone Cooperative Association		
<811>	Holding Company	Northwest Telephone Cooperative Association		
<812>	Operating Company	Northwest Telephone Cooperative Association		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
•	Affiliates	SAC	Doing Business As Company or Brand Designation
		SAC .	Doing Dusiness As Company of Brand Designation
-			
2			
1		See attached worksheet -	
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ata Col	bal Lands Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351261	
<015>	Study Area Name	NORTHWEST TEL COOP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net	
900>	Does the filing entity offer tribal land services? (Y/N)	No	
910>	Tribal Land(s) on which ETC Serves		
120>	Tribal Government Engagement Obligation	Name of Attached I	Document
confi emons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes irm the status described on the attached PDF, on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable	
921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning;		
23>	Marketing services in a culturally sensitive manner;		
24>	Compliance with Rights of way processes		
25>	Compliance with Land Use permitting requirements		
26>	Compliance with Facilities Siting rules		
27>	Compliance with Facilities Sitting rules Compliance with Environmental Review processes		
	Compliance with Cultural Preservation review processes		
28>	compliance with cultural Freservation review processes		

			Pal
	oice and Broadband Service Rate Comparability ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		351261
<015>	Study Area Name		NORTHWEST TEL COOP
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Sheila Akridge
<035>	Contact Telephone Number - Number of person identified in data lin	e <030>	7127762222 ext.
<039>	Contact Email Address - Email Address of person identified in data lir		sakridge@ncn.net
<1000> <1010>	Voice services rate comparability certification Attach detailed description for voice services rate comparability compliance	Yes	61ia_voice_comp1010.pdf
			Name of Attached Document
<1020>	Broadband comparability certification	Yes the	- Pricing is no more than the most recent applicable benchmark announced Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	35126	Slia_broadband_comp1030.pdf
			Name of Attached Document

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	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351261	
<015>	Study Area Name	NORTHWEST TEL COOP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g).	tbps	

	erms and Condition for Lifeline Customers			FCC Form 481
Lifeline				OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Col	ection Form			July 2013
<010>	Study Area Code		351261	
<015>	Study Area Name		NORTHWEST TEL COOP	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Sheila Akridge	
<035>	Contact Telephone Number - Number of person identified in data line		7127762222 ext.	
<039>	Contact Email Address - Email Address of person identified in data line	<030>	sakridge@ncn.net	
			351261ialifeline1210.pdf	
			5512511d111C1210.pdf	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
\1210>	remis & conditions of voice relephony Lifetine Plans			
D D				
				Name of Attached Document
	Link to Public Website			
i \12202	Link to Public Website	TTP		
ĺ		-		
O "Plazza"	heck these boxes below to confirm that the attached document(s), on line 121	0		
-	ebsite listed, on line 1220, contains the required information pursuant to	υ,		
_	2(a)(2) annual reporting for ETCs receiving low-income support, carriers must			
annually				
_	report.			
<1221>	Information describing the terms and conditions of any voice	V		
П	telephony service plans offered to Lifeline subscribers,			
3				
1 0 2 <1222>	Details on the number of minutes provided as part of the plan,	~		
_ \12227	Letails of the number of minutes provided as part of the plan,			
	_			
<1223>	Additional charges for toll calls, and rates for each such plan.	V		
	,			

(2005) P	ice Cap Carrier Additional Documentation	FCC Form 481	
Data Col	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	351261	
<015>	Study Area Name	NORTHWEST TEL COOP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

REDACTED				
CH	<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the		
D		July 2017 certification, this applies to Round 2 recipients of		
FC	<2022>	Incremental Support. Recipient certifies, representing year three after filing a notice of		
R	\ 2022>	acceptance of funding pursuant to 54.312(c), that the locations in		
PUI		question are not receiving support under the Broadband Initiatives		
3116		Program or the Broadband Technology Opportunities Program for		
FOR PUBLIC INSPECTION		projects that will provide broadband with speeds of at least 4		
SPI		Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
CT	<2023>	The attachment on line 2024 includes a statement of the total amount of		
0		capital funding expended in the previous year in meeting Connect		
_		America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers		
		year three - 54.313(b)(2)(ii). Round 2 recipients only.		
	<2024A>	Round 2 Recipient of Incremental Support?		
		- на при	:	
	<2024B>	Attach list of census blocks indicating where funding was spent in year	Name of Attached Document Listing	
		three - 54.313(b)(2)(ii). Round 2 recipients only.	Required Information	
	<2025A>	Round 2 Recipient of Incremental Support?		
	<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for	Name of Attached Document Listing	
		year three) - Connect America Fund , WC Docket 10-90, Report and	Required Information	
		Order, FCC 13-73, paragraph 35 (May 22, 2013).		
	4201Es	2016 and fature France Course C. (15)		
	<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

Data Collection F	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.		
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)		

Of Return Carrier Additional Documentation Ion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Code	351261
Study Area Name	NORTHWEST TEL COOP
Program Year	2018
Contact Name - Person USAC should contact regarding this data	Sheila Akridge
Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.
Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net
	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3003)		Y	es - Attach Certific	ation
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			35126lia_certification3010b.pdf
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community	Anchors	
(3012B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	,
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(2015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports			
(3015)	(Operating Report for Telecommunications			
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		~	351261iaAnnualReport3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	00	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			8
(3026)	Attach the worksheet listing required information	Name of Attached Docur Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351261
<015>	Study Area Name	NORTHWEST TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridqe@ncn.net

Financial Data Summary	The Control of the
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351261
<015>	Study Area Name	NORTHWEST TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data I	ine <030> makridge@ncn.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	ragraph 80)	
4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing	Name of Attached Document Listing Required Information	o

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information speed and data usage allowances available in the

deadline for the FCC Form 481.

relevant geographic area.

FCC Form 481	
OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	

<010>	Study Area Code	351261
<015>	Study Area Name	NORTHWEST TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NORTHWEST TEL COOP

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/13/2017

Printed name of Authorized Officer: Donald Miller

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 7127762222 ext.

Study Area Code of Reporting Carrier: 351261 Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	351261		
<015>	Study Area Name	NORTHWEST TEL COOP		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge		
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127762222 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier; so certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	t by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment tle 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Signature of Authorized Agent or Employee of Agent: Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Agent:				
Study Area Code of Reporting Carrier: Fill	ng Due Date for this form:			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Attachments

Certification of Compliance with Service Quality Standards and Consumer Protection Rules

Line 510

Northwest Telephone Cooperative Association

Service quality standards and consumer protection rules for broadband are not as defined as the rules for voice services. The Company complies with any service quality standards and consumer protection rules for broadband that are out there now and any that will be defined in the future.

Service Quality Standards

For voice services, the Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no additional charge to end users.
- Provides access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.

For voice and broadband services, the Company:

- Advertises the availability of its services and the charges using media of general distribution and/or on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
 - Answer all incoming calls promptly.
 - o Respond to all inquiries for information promptly and courteously.
 - o Investigate thoroughly all customer complaints and handle appropriately according to the Company's guidelines for resolution of customer complaints.
 - o Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.
- Meets or exceeds the standards established by the state commission and provides any reports required in accordance with the state commission's rules.

Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis and training for new hires.
- A disciplinary process for improper use of consumer information.

If complaints are filed with the Company regarding consumer protection rules, the complaint is immediately investigated, the matter traced and any corrective action noted. This process ensures that problems are addressed and corrections made.

The Company also has implemented procedures that are consistent with the Federal Trade Commission guidance on measures to detect/prevent identity theft (Red Flag Rules).

A copy of the Company's tariff is on file with the Iowa Utility Board and copies of our rules and regulations and schedules of rates are on file at our Business Office and are open to public inspection.

Line 610 - Description of Functionality in Emergency Situations

Northwest Telephone Cooperative Association (Northwest) prides itself on updating and maintaining all its plant and equipment to prevent outages before they happen. If outages do happen, the Company has 24-hour on call staff and alarm reporting systems in place that send notifications to the 24 hour personnel monitoring these systems. The Company certifies that it follows best practices that are designed to allow them to remain functional in an emergency situation through the use of back-up power to ensure functionality in the event of a limited commercial power failure.

Northwest utilizes battery back-up systems and standby generators in its central office and remote huts. This enables the Company to maintain power during an outage of at least 48 hours with battery back-up and several days with propane gas.

The Company has redundant interexchange/exchange fiber routes that allow traffic to be diverted to other routes when any fiber cuts occur. Northwest also has the ability to remotely switch its traffic using the neighboring telco's switch, if the Company's own switch becomes inoperable.

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	351261
<015>	Study Area Name	NORTHWEST TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Sheila Akridge
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge 1/1/2017

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
IA			FR	23.75	0.0	0.0	0.0	23.75
IA			FR	23.75	0.0	0.0	0.0	23.75
IA			FR	23.75	0.0	0.0	0.0	23.75
IA			FR	23.75	0.0	0.0	0.0	23.75
					F			

<010> Study Area Code

<015> Study Area Name

Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

<020> Program Year

>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	<d3></d3>		<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	IA		39.95	0.0	39.95	10.0	1.0	999999.0	Other, No limit on usage allowance
	IA		59.95	0.0	59.95	9.0	3.0	999999.0	Other, No limit on usage allowance
	IA		79.95	0.0	79.95	12.0	3.0	999999.0	Other, No limit on usage allowance
	IA		139.95	0.0	139.95	15.0	5.0	999999.0	Other, No limit on usage allowance
	IA		39.95	0.0	39.95	10.0	1.0	999999.0	Other, No limit on usage allowance
	IA		59.95	0.0	59.95	9.0	3.0	999999.0	Other, No limit on usage allowance
	IA		79.95	0.0	79.95	12.0	3.0	999999.0	Other, No limit on usage allowance
	IA		139.95	0.0	139.95	15.0	5.0	999999.0	Other, No limit on usage allowance
	IA		39.95	0.0	39.95	10.0	1.0	999999.0	Other, No limit on usage allowance
	IA		59.95	0.0	59.95	9.0	3.0	999999.0	Other, No limit on usage allowance
	IA		79.95	0.0	79.95	12.0	3.0	999999.0	Other, No limit on usage allowance
	IA		139.95	0.0	139.95	15.0	5.0	999999.0	Other, No limit on usage allowance
			l v						

351261

2018

NORTHWEST TEL COOP

Sheila Akridge

7127762222 ext.

sakridge@ncn.net

<010>	Study Area Code	351261
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<810>	Reporting Carrier	Northwest Telephone Coop	erative Association	
<811>	Holding Company	Northwest Telephone Coop	erative Association	•
<812>	Operating Company	Northwest Telephone Coop	erative Association	•

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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Line 1010: Voice Service Rate Comparability

As evidenced by the data provided in the line 700 of this Form 481, the Company's voice service pricing is no more than 2 standard deviations above the national average urban rate (\$49.51) as announced by the Wireline Competition Bureau on February 14, 2017 (DA17-167).

Line 1030: Voice Service Rate Comparability

As evidenced by the data provided in the line 710 of this Form 481, the Company's Broadband service pricing is no more than the applicable benchmark as announced by the Wireline Competition Bureau on February 2017 (DA17-167).

135 percent of federal poverty guidelines

As of January 31, 2017

Number of people living in the home	Household Income (at or below)
1 DACT	\$16,281
2	\$21,294
OR PU	\$27,567
4 4	\$33,210
5 SPECT	\$38,853
6 6	\$44,496
7	\$50,139
8	\$55,782
*For each additional person	Add \$5,643

Application Checklist

Please provide the following information:

- A signed and completed Lifeline assistance certification form
- 2. A copy of one of the following if applying based on the size and income level of a customer's household:
 - Last year's federal or state income tax return
 - Current annual income statement from employer
 - Paycheck stubs for most recent three consecutive months
 - · Social Security statement of benefits
 - Veteran's Administration statement of benefits
 - Retirement or pension statement of benefits
 - Unemployment or worker's compensation statement of benefits
 - Letter of participation in general assistance
 - Divorce decree or child support documentation

 Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter, or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.

> For questions, please contact Northwest Communications at 800.249.5251



Low-Income Telephone or Broadcast Internet Access Service Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill or Broadband leternet Access Service ("BIAS") bill.

You may only receive low-income assistance from one wireline or wireless telephone provider, or one BIAS provider per household*

* NOTE:

A "HOUSEHOLD" is defined as any individual or group of individuals who are living together at the same address as one economic unit.

An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135% of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Veterans and Survivors Pension Benefit

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household* can be subscribed to the Lifeline program.

To Apply for Lifeline:

- Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications or BIAS provider's business office. Contact information can be found on your bill or in your local telephone directory.
- Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications or BIAS provider within 60 days. Re-certification is mandatory and your telecommunications or BIAS provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone or Broadcast Internet Access Service Assistance

REVISED: JANUARY 2017



COURTESY OF:

lowa Communications Alliance, lowa Utilities Board, and Northwest Telephone Cooperative Association



844 Wood Street Havelock, IA 50546 800.249.5251 712.776.2222 or 611 from the Telephone Exchange

Northwest Telephone Cooperative Association

844 Wood Street Havelock, IA 50546

800.247.2776 P 712.776.2222

F 712.776.4444 www.northwest.coop

www.ncn.net

June 12, 2017

Ms. Marlene H. Dortch Secretary Federal Communications Commission 9300 East Hampton Drive Capitol Heights, MD 20743

Re: Form 481 for High-Cost Recipient 54.313 (f)(1)(i) "Certification of Public Interest Obligation"

Dear Ms. Dortch:

In compliance with the filing requirements associated with, and attached to Form 481, we wish to advise the Commission that Northwest Telephone Cooperative Association:

- Has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 10Mbps downstream/1 Mbps upstream;
- Provides latency suitable for real-time applications including VoIP and usage capacity which is reasonably comparable to those in urban areas and;
- That reasonable requests for service are met within a reasonable timeframe.

If there are any questions, I may be contacted at 712-776-2222.

Sincerely,

Donald D. Miller

Executive Vice President

Jones O Miles

Northwest Telephone Cooperative Association

REDACTED-FOR PUBLIC INSPECTION

ATTACHMENT-LINE 3017

ATTACHMENT REDACTED IN ENTIRETY